STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
NAME OF COMMITTEE (in t	(Check if name is changed)	Example: If typying, typo	e 12FE4M5	
KeyCorp Advo	cates Fund-Federal Only			
ADDRESS (number and s	127 Public Square			
(Check if address is changed)	OH-01-27-1816		111111	
	Cleveland		∫ OH [44114 1306
		CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	anne_feleppelle@k	eybank.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)			111111	
			111111	
2. DATE 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00399063		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A	4)	
I certify that I have exami	ned this Statement and to the best of my ki	nowledge and belief it is true, cor	rect and complete	
Type or Print Name of	Treasurer Anne M. Felepp	pelle		
Signature of Treasurer	Electronically Filed by Anne M.	Feleppelle	Date 05	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information m	nay subject the person signing thi	·	
Office Use Only		For further informated Federal Election Co. Toll Free 800-424-10	mmission 9530	FEC FORM 1 (Revised 02/2009)